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CONFIRMATION NO. 8917

|   |   |                           |  |                                      |                            |
|---|---|---------------------------|--|--------------------------------------|----------------------------|
| SERIAL NUMBER<br>09/849,808   | FILING DATE<br>05/04/2001<br><br>RULE   | CLASS<br>705              | GROUP ART UNIT<br>3623   | ATTORNEY<br>DOCKET NO.<br>10007932-1 |                            |
| APPLICANTS<br><br>Jerry Z. Shan, Palo Alto, CA;<br><br>** CONTINUING DATA *****<br><i>Verbal</i><br>** FOREIGN APPLICATIONS *****<br><i>Verbal</i><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 07/03/2001  |   |                           |  |                                      |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged <i>Scott</i><br>Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>3   | TOTAL<br>CLAIMS<br>19                | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>HEWLETT-PACKARD COMPANY<br>Intellectual Property Administration<br>P.O. Box 272400<br>Fort Collins , CO<br>80527-2400  |   |                           |  |                                      |                            |
| TITLE<br>Adaptive testing for conversion-related estimates relevant to a network accessible site  |   |                           |  |                                      |                            |
| FILING FEE<br><br>RECEIVED<br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                                      |                            |